

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

✓ State File No. 1698

Registration District No. 8

Primary Registration District No. 203

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Fairfield Mo
(c) Name of hospital or institution Alexander Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community (Specify whether)
years, months or days

3. (a) PRINT FULL NAME

Linda Lee Lone

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex S

5. Color or race W.

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased

Nov. 11 1940
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

2

6

hr. min.

9. Birthplace

Warren Mo
(City, town, or county)

0
(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name M. M. Lone

13. Birthplace Mo
(City, town, or county)

14. Maiden name Maude Cunningham
(City, town, or county)

15. Birthplace Benton Co. Mo
(City, town, or county)

16. (a) Informant M. M. Lone

(b) Address Fairfield Mo

17. (a) burial (b) Date thereof 1/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairfield Cem

18. (a) Signature of funeral director W. H. Luck

(b) Address Wheatland Mo

19. (a) 1-20-41 (b) Geo. A. Rogers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton
(c) City or town Fairfield Alexander
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 17
year 1941 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 1-16
1941 to 1-17 1941;
that I last saw her alive on 1-17 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchial
Pneumonia

Duration

3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. H. Luck (M. D. or other)
Address Warren Mo Date signed 1-17-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

107

RECEIVED

District Health Officer No. 7,

District File Number 2-41-242

Date Filed 2-6-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1698

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 8

Primary Registration District No. 203

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Alexander T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Linda Lee Love

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day hr min.
2 6 6 hr min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4-10-41 (b) Kiebert (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

DECEASED CERTIFICATION

20. DATE OF DEATH Month 1 day 17 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration _____

Due to I did not recognize complications

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury _____

23. Signature Lee Hunt (M. D. or other) _____

Address Warren Date signed _____

SUPPLEMENTARY

WRITE/PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S-1698

